

J-195 U.S. PTO
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR § 1.53(b))</small>	Attorney Docket No.	16410-112
	First Inventor	Oleg Wasynczuk
	Title	CIRCUIT SIMULATION
	Express Mail Label No.	EM372933380US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)

2. Applicant claims small entity status.

3. Specification
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. Drawing(s) (35 U.S.C. 113) [Total Sheets 8]
 Informal Formal

5. Oath or Declaration [Total Pages 4]

a. Newly executed (original or copy)

b. Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with Box 18 completed)

i. **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

6. Application Data Sheet See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: CLAIMING PRIORITY OF U.S. PROVISIONAL APPLICATION NO 60/261,033 FILED JANUARY 11, 2001.

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

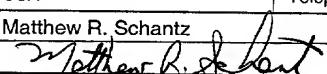
Prior application information: Examiner: _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

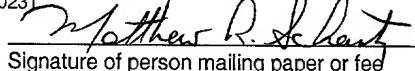
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

Name	Woodard, Emhardt, Naughton, Moriarty and McNett				
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700				
City	Indianapolis	State	IN	Zip Code	46204-5137
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	Matthew R. Schantz			Registration No. (Attorney/Agent)	40,800
Signature				Date	January 11, 2002

Express Mail Label Number EM372933380US

Date of Deposit January 11, 2002

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231



Signature of person mailing paper or fee

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

Complete if Known

Total Amount of Payment (\$ 412.00)

Attorney Docket Number 16410-112

METHOD OF PAYMENT

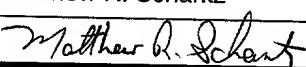
1. <input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
23-3030	
Deposit Account Name Woodard, Emhardt, Naughton, Moriarty & McNett	
<input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.	
2. <input checked="" type="checkbox"/>	Payment Enclosed:
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid																																				
101	740	201	370	Utility Filing Fee	370.00																																				
106	330	206	165	Design Filing Fee																																					
107	510	207	255	Plant Filing Fee																																					
108	740	208	370	Reissue Filing Fee																																					
114	160	214	80	Provisional Filing Fee																																					
SUBTOTAL (1) (\$ 370.00)																																									
2. EXTRA CLAIM FEES																																									
Total Claims	16	-20** =		Extra Claims	Fee From Below																																				
Independent Claims	4	-3** =	1	X	= 0.00																																				
Multiple Dependent				X	= 42.00																																				
					= 0.00																																				
<table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5">SUBTOTAL (2) (\$ 42.00)</td> <td></td> </tr> </tbody> </table>						Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	84	202	42	Independent claims in excess of 3	104	280	204	140	Multiple dependent claim, if not paid	109	84	209	42	**Reissue independent claims over original patent	110	18	210	9	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$ 42.00)					
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* or number previously paid, if greater. For Reissues, see above																																									
Other Fee (specify)																																									
* Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$)																																				

Complete (if applicable)

SUBMITTED BY							
Name (Print/Type)		Matthew R. Schantz		Registration No (Attorney/Agent)	40,800	Telephone	(317) 634-3456
Signature						Date	January 11, 2002

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